Vegetative Management Services

Clarence Cannon Dam and Mark Twain Lake,
Ralls and Monroe Counties, Missouri

SPECIFICATIONS FOR

Vegetative Management Services

SOLICITATION NUMBER: DACW43-99-B-0212

This solicitation is Restricted to Small Business

US Army Corps
Of Engineers
St. Louis District

May 1999

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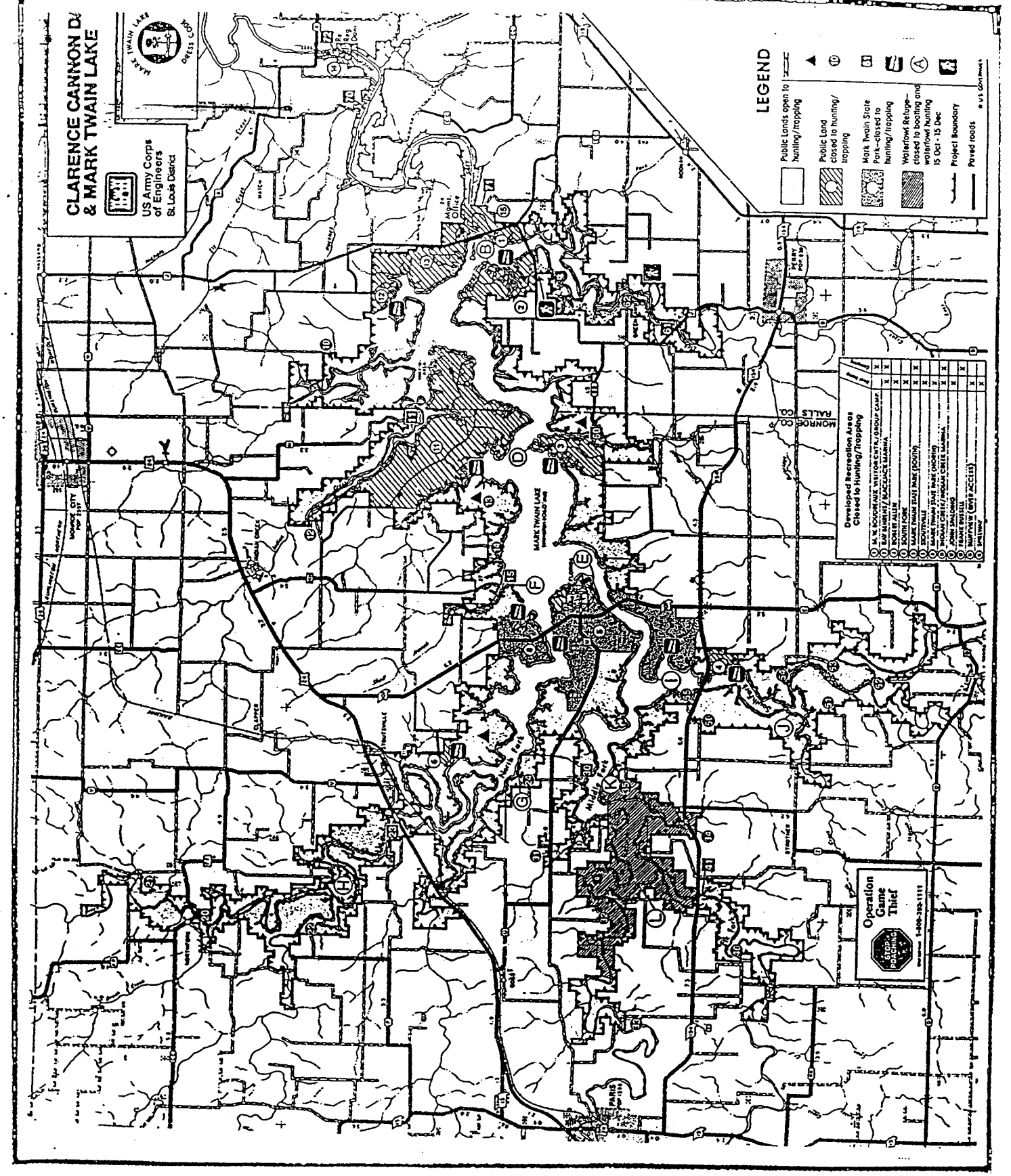
Plans



CLARENCE CANNON DAM AND MARK TWAIN LAKE
GENERAL LOCATION
APPENDIX A

U. S. ARMY CORPS OF ENGINEERS
ST. LOUIS
CLARENCE CANNON DAM AND MARK TWAIN LAKE
CHEMICAL USAGE WORK SHEET
PRE-USE PESTICIDE APPLICATION FORM

CONTRACT / LEASE NO. DACW43-_____ TRACT NO._____
CONTRACTOR/LESSEE_____
Address:_____
City:_____ST_____Phone_____
APPLICATOR'SNAME_____ STATE LICENSE NO._____
Address:_____ Category Title:_____
City:_____ST_____ Date of Expiration:_____
Phone:_____

TARGET PEST_____

DESCRIPTION OF TREATED AREA_____

PESTICIDES (TRADE NAME)_____

FORM APPLIED_____

ACTIVE INGREDIENTS _____
_____

EPA REGISTRATION _____EPA CLASSIFICATION_____

ADDITIONAL REMARKS _____
_____

DISAPPROVED BY:_____ DATE:_____
Dennis D. Foss
Operations Manager

APPROVED BY:_____DATE:_____
Dennis D. Foss
Operations Manager

- **Pesticides must be approved by the Mark Twain Lake Project Office before pesticides are applied.**

U. S. ARMY CORPS OF ENGINEERS
ST. LOUIS
CLARENCE CANNON DAM AND MARK TWAIN LAKE
CHEMICAL USAGE WORK SHEET
POST-USE PESTICIDE APPLICATION FORM

CONTRACT / LEASE NO. DACW43-_____

CONTRACTOR/LESSEE_____ APPLICATOR'SNAME_____
Address:_____ Address:_____
City:_____ST_____ City:_____ST_____
Phone: _____Phone_____

TARGET PEST_____
DESCRIPTION OF TREATED AREA_____
PESTICIDES (TRADE NAME)_____
FORM APPLIED_____
ACTIVE INGREDIENTS_____
_____

EPA REGISTRATION _____EPA CLASSIFICATION_____

POST APPLICATION

HOW THE PESTICIDE WAS MIXED: APPLICATION RATE
_____ _____

TIME OF DAY	AIR TEMP	RELATIVE HUMIDITY	CLOUD COVER	WIND DIRECTION AND SPEED	ACREAGE TREATED
__:__	_____	_____	_____	_____MPH	_____AC

APPLICATION EQUIPMENT USED_____ AMOUNT APPLIED
_____I _____

DISPOSAL INFORMATION

DISPOSAL DATE _____
METHOD_____
LOCATION_____
ADDITIONAL REMARKS _____

***Post-use pesticide application forms must be completed and submitted to the Mark Twain Lake Project Office within 48 hours of completion of application.**

EQUIPMENT LIST

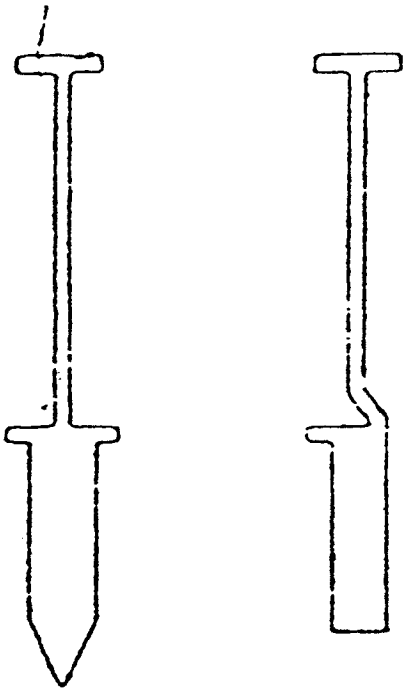
CONTRACT NUMBER:
FOR:
CONTRACTOR NAME:
CONATACTOR ADDRESS:

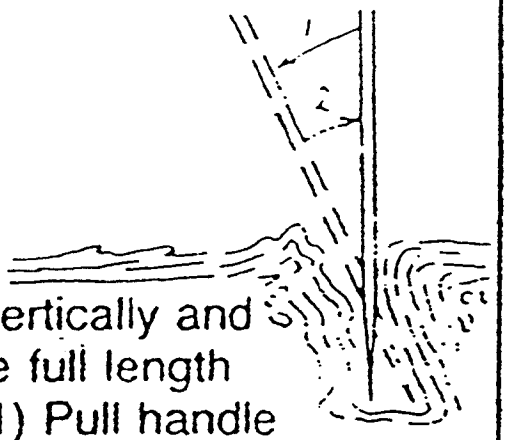
SERIAL NUMBER	MNFCTR	MODEL	TYPE	CAPACITY	AGE	CONDTN	LOCATION
MISC. EQUIPMENT:							

I hereby certify that the above described equipment has been inspected and is in strict compliance with the contract specification and in accordance with safety requirements set forth in all applicable Federal, State and Local safety regulations. Corps of Engineers manual. EM-385-1-1, entitled "Safety and Health Requirements Manual Sept. 1996.

_____SIGNATURE _____DATE

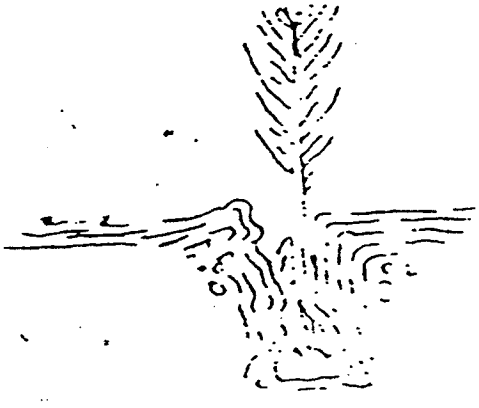
SEEDLING TREE PLANTING



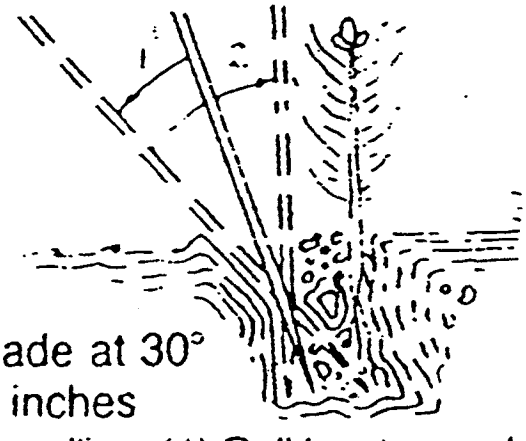


Hold bar vertically and drive blade full length into soil. (1) Pull handle toward you 4 to 5 inches, then (2) make a similar thrust in opposite direction.

Tree planting bars have blades 3 to 4 inches wide and are 10 to 11 inches long.



Remove bar; insert seedling and shake roots out straight in slit.



Drive blade at 30° angle 3 inches behind seedling. (1) Pull bar toward you, then (2) push forward to close bottom and top of slit. Removal of the bar leaves a hole which should be closed to prevent soil drying near roots.

EXPERIECE RECORD

The following information is to be used only in determining responsibility of the bidder and will NOT become a part of the contract.

Bidder/Offer is requested to furnish the information below pertaining to business performed for/with other Government agencies (Federal, state or Local) or private industry.

NAME AND ADDRESS OF GOVERNMENT AGENCY OR PRIVATE INDUSTRY	PERSON TO CONTACT	TELEPHONE NUMBER	CONTRACT NO. (if applicable)	DATE OF CONTRACT

ACCIDENT PREVENTION PROGRAM
ADMINISTRATIVE PLAN

Willingness to correct safety hazards detected by the Corps is commendable, but a poor substitute for a positive program that prevents or detects and corrects hazards.

Contractor	Contract Name & No.	Date
1	2	3

Project Superintendent	Shifts/day	Hours/shift	Maximum employees/shift
4	5	5a	5b

Superintendent's training in Corps' safety requirements

6

Major Units of Equipment

7

Who will inspect equipment?	Inspector's qualifications	Inspection frequency?
8	8a	8b

Who is responsible for operators' physicals?	Location of all records	Day and hour weekly safety meeting
9	10	11

Who is responsible for employee training?	Who will orient new employees?
12	13

Who is responsible for clean-up?	Where will drinking water be obtained?
14	15

Who will investigate accidents?	Who is responsible for providing personal protective equipment?
16	17

Name Doctors, Hospitals & Ambulance services with whom arrangements have been made for this contract.

Doctor	Hospital	Ambulance
18	18a	18b

What form of communication will be used to summon ambulance?

18c

(over)

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Names of first aid attendants having certificates	Type of certificate and expiration date	Names of U.S.C.G. licensed boat operators, type license & expiration date
19	19a	20

21 Fire Fighting Equipment				22 First Aid Kits		23 Wash Facilities	
No.	Rating	Type	Location	No.	Type	No.	Type

24 Toilets	
No.	Type

What flammable or combustible liquids or gases will be on job site?

25

Where and how will flammables and combustibles be stored?

26

Who will be responsible for inspection and maintenance of fire fighting equipment?

27

If the Company has a published statement of safety policy, please transmit a copy with the return of your Accident Prevention Program.

On a separate sheet submit your proposed layout of temporary buildings and facilities (including subcontractors) and traffic patterns including access roads, haul roads, R.R.s, utilities, etc.

The _____ will pursue a positive program of training,
(Company)

inspections and hazard control throughout the term of this contract. Mr./Ms. _____

has the responsibility and authority for enforcing them.

_____ _____ _____ _____

Contractor's signature date C.O. or C.O.R. signature date

28

ACCIDENT PREVENTION PROGRAM
JOB HAZARD ANALYSIS

1. Contract No.	2. Project	3. Facility
4. Date	5. Location	6. Estimated Start Date

7. Item	8. Phase of Work	9. Safety Hazard	10. Precautionary Action Taken

11. Contractor (Signature & date)

12. Report discussed with contractor/superintendant on _____.

_____
Area/Resident Engineer (Signature)

13. Contracting Officer (Signature & date)
or
Contracting Officer Representative

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SEED LIST

I. Agricultural Seed

1. Milo (Red)
2. Wheat (Winter)
3. Buckwheat
4. Proso-millet-white
5. Sunflower-Peredovik
6. Corn

II. Legume Seed

1. Korean Lespedeza (Hulled)
2. Red Clover

III. Warm Season Grass (Pure Live Seed)

1. Indian Grass-Rumsey
2. Big Blue Stem, Round Tree
3. Little Blue Stem, Aldon
4. Switch Grass, Blackwell

FOR IDENTIFICATION

Information Sheet
Serial No._____

Name U.S. Army Corps Of Engineers
Address Mark Twain Lake
20642 Highway J
Monroe City, MO 63456
County Ralls
Comp 21 Field A 1
Field No. Sample No.

COMPARTMENT 21

Field	Acres	Soil Cores / Sample	Soil Samples / Field
1B	16.7	20	1
1K	12.2	10	1
1P	17.0	15	1
1W	6.1	5	1
1R	38.0	20	2
1Y	11.0	10	1
1V	2.6	5	1
1Z	19.1	20	1

Total soil tests per compartment: 4

The field entrances for all fields is located south of Highway 154, approximately eleven (11) miles east of Paris in the old town of Vector Area access along County road 154.

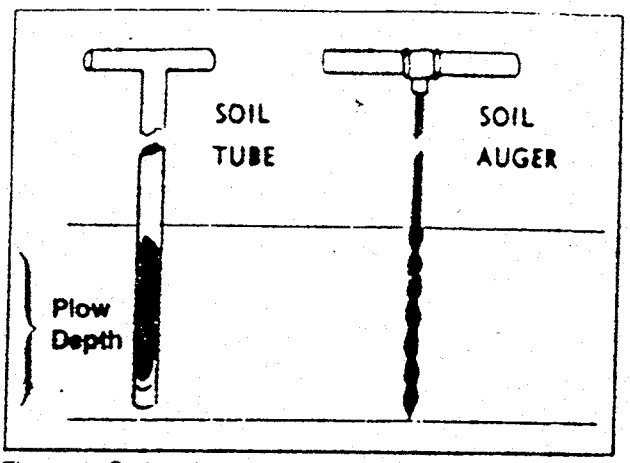

Figure 1. Soil probes and augers are best tools for soil sampling

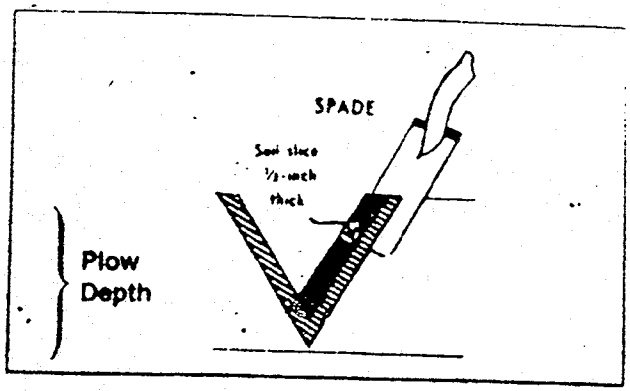

Figure 2. Sampling with a shovel. First dig out a clean hole. Then shave a thin slice to the proper depth from a side. Use the center portion of the slice, about 1 inch wide, for a subsample.

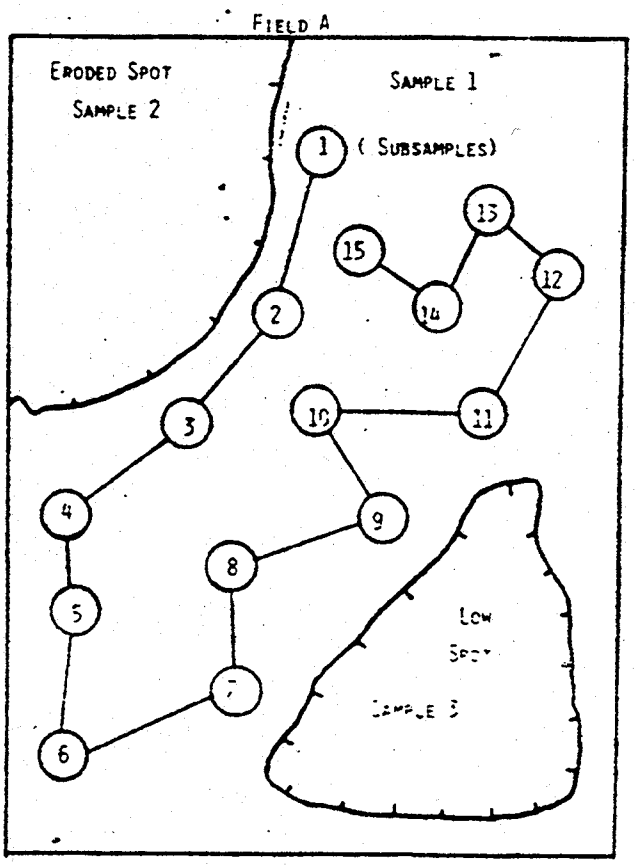

Figure 4. Soil type and fertilizer overlaps or skips cause large variability in soil fertility of a field. Fifteen to 20 individual soil cores per composited soil sample will average out those differences. The goal in fertilizer application is to fertilize for the average nutrient requirements of a field area.

QUALITY ASSURAND SURVEILLANCE PLAN

1. Quality Assurance Surveillance Plan (QASP). This Plan will be used to assure the Government that the work specified under this contract is completed satisfactorily. Surveillance will be conducted three ways.

1.1 Inspection Procedures

1.1.1 Planned Inspection. A planned inspection surveillance of work may be used due to individual importance or cost, and/or where the Contractor has a record of poor performance; surveillance population small; or services to be monitored are at several sites and can be scheduled to conserve inspection travel time.

1.1.2 100% Inspection. This is an inspection method whereby all observations are monitored, and is used when contract requirements are critical or occur infrequently and the surveillance population is small.

1.1.3 Customer Complaints. This is an inspection method initiated by the receipt of customer complaints concerning the Contractor's performance.

1.2 Monitoring. Inspections of all services performed under the contract will be performed according to a schedule developed by the Government.